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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 10453479	
Substitute for Form PTO-875							
CLAIMS AS FILED – PART I							
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))					\$ _____	OR	\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *			X \$ _____ =		OR	X \$ _____ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *			X \$ _____ =		OR	X \$ _____ =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
				TOTAL		OR	TOTAL
* If the difference in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED – PART II							
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		
Total (37 CFR 1.16(c))	*	Minus **	=	X \$ _____ =		OR	X \$ _____ =
Independent (37 CFR 1.16(b))	*	Minus ***	=	X \$ _____ =		OR	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		
Total (37 CFR 1.16(c))	*	Minus **	=	X \$ _____ =		OR	X \$ _____ =
Independent (37 CFR 1.16(b))	*	Minus ***	=	X \$ _____ =		OR	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		
Total (37 CFR 1.16(c))	*	Minus **	=	X \$ _____ =		OR	X \$ _____ =
Independent (37 CFR 1.16(b))	*	Minus ***	=	X \$ _____ =		OR	X \$ _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Free only

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 741124-110										
CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop <u>Amendment</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 703-827-3006 on <u>March 4, 2005</u> . Signature: <u>Keith M. McManus</u> Name: <u>Keith M. McManus</u>												
In re Application of <u>Heinrich LYSEN</u>												
Application Number <u>10/755,479</u>		Filed <u>01-13-2004</u>										
For PROCESS AND MEASUREMENT DEVICE FOR DETERMINING THE ALIGNMENT OF A CYLINDRICAL BODY												
Group Art Unit <u>2859</u>		Examiner <u>Tania C. Courson</u>										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td><td>\$ <u>225.00</u></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td><td>\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380(741124-110)</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number, if acting under 37 CFR 1.34(a) _____</p> <p>_____ Signature <u>David S. Safran</u> Typed or printed name</p> <p>_____ Date <u>March 4, 2005</u></p> <p>_____ Telephone Number <u>703-827-8094</u></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ <u>225.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____											
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ <u>225.00</u>											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____											

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